

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20.. /20..

FIELD OF STUDY:

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

SENDING INSTITUTION

Name and full address: Universität Hamburg, D HAMBURG 01, Medizinische Fakultät
 Department coordinator - name, telephone, fax and e-mail
 Silke Merkel, Prodekanat für Lehre, tel. +49.40.7410-55005, fax+49.40.7410-54702
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STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name:	First name (s):
Date of birth:	
Sex:Nationality:.....	
Place of Birth:	
Current address:	Permanent address (if different):
.....
.....
.....
Current address is valid until:
Tel.:	Tel.:
Fax:	Fax:
E-mail:	E-mail:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
1.
2.
3.

Name of student:

Sending institution:

Country:

